



American
Academy of
Home Care
Physicians



September 8, 2010

Commissioners
Federal Communications Commission
WC Docket No. 02-60
Washington, DC

Gentlemen:

The Academy of Home Care Physicians is pleased to submit comments on the proposed rule to expand broadband coverage to rural areas. Academy members are doctors, nurse practitioners and physician assistants who bring home-based primary care to the sickest of the frail elderly many of whom live in rural areas. These seniors lack care access across the board, and are among Medicare's most costly patients because their illness level and disability make them unable to access physician office care—if it is available—leaving them only with hospital ER's and inpatient hospitalization that adequate primary care could have prevented. Home-based primary care also prevents unnecessary nursing home placements—of great benefit to the patients, and state Medicaid programs.

Today's home-based primary care requires electronic capabilities that make it possible to be a mobile physician. These providers use laptops for electronic medical records, order prescriptions via laptop or smart phone, and make diagnoses and decide on treatment plans using downloaded x-rays and lab results, all requiring broadband availability, and ideally speed as well. In rural areas particularly, they are robbed of these tools and so must rely on paper processes which are outmoded, time consuming, non-compliant with Federal regulations (Meaningful Use, etc) and act as barriers to effective practice.

An emphasis on home and community based services is essential to better and more cost-effective care in the United States. This need was recognized in multiple portions of the Patient Protection and Affordable Care Act, in the Independence at Home Demonstration program which expands home-based primary care programming, and in new Medicaid options for medical homes as well as other provisions. We therefore are surprised at the limited scope (public and nonprofit) and institutional bias (hospitals, skilled nursing facility) of these regulations. We think the regulation should go much further to empower care in less expensive home settings and in public-serving private practice mobile models.

We offer the following comments and suggestions:

1. **Eligible Health Care Providers:** The proposed rule says that nursing homes are recognized as substitutes for acute care facilities. Mobile medical practices serve a similar purpose, particularly in post-acute care. We therefore recommend that flexibility be given in funding of infrastructure to support mobile medical practice connectivity, either in addition to or in lieu of incentives for

implementation of EMR's for such practices. Since the Meaningful Use regulations have already been issued, this regulation is the only likely vehicle to make this available. Mobile medical practices often operate in medical shortage areas, providing the only medical care that is available to these very sick seniors. While they are typically set up as private practices, they operate as public serving, non-profit entities. Surely an exception to this public entity and nonprofit restriction is warranted. To be remembered is that as an increasing number of rural nursing homes close, some communities and even counties lack a nursing home. A mobile medical practice working with a home health agency could fill that gap rather than filling hospitals with expensive and unnecessary hospitalizations. Hospitals are being held accountable for post-acute costs. This rule should not add to those costs by failing to fund the infrastructure that would make cost-avoidance feasible.

2. **Connections to Physicians:** Rural nursing homes need broadband to connect to physicians. While this would not help mobile physicians, at least the rule should permit connections to rural clinics and the community's nursing homes, if they have one.
3. **Non-wired broadband** should be encouraged. For example, municipally-owned nursing homes could work with local wireless providers could be encouraged to work to bring broadband wireless to a community and then use mobile hotspots in small nursing homes. This would also provide at least some benefit to mobile providers, many of whom take care of patients in nursing homes as well as in the community.
4. **Physician order entry:** The recently completed CCHIT standards for nursing home medical records require functionality for physician order entry. Funding should be permitted to allow that functionality to be used. In addition, funding for broadband projects related to EMR systems that depend on web-based software could be expected to meet such standards.
5. **Home telehealth** infrastructure is supported in this rule, probably on the assumption that base stations are in hospitals. Mobile medical practices may be a more appropriate telemonitoring operators because they can respond more cost-effectively with primary care, avoiding costly and unnecessary ER transport (if available), followed by inpatient hospitalization. Thus, applications to provide this service should be permitted.

We appreciate the opportunity to comment.

Sincerely,

Edward Ratner, MD
Past President
The American Academy of Home Care Physicians

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